

**FAMILY COURT REFERRAL FORM**  
**TO: CENTER FOR SELF HELP AND DISPUTE RESOLUTION**

Case Number: \_\_\_\_\_ Assigned Judge: \_\_\_\_\_

Case Caption: \_\_\_\_\_ vs. \_\_\_\_\_

Petitioner's Atty: \_\_\_\_\_ Respondent's Atty: \_\_\_\_\_

**Self-Represented Party Contact Information:**

Pet's Name: \_\_\_\_\_ Resp's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Phone(s): \_\_\_\_\_

Requested by: ☐ Court ☐ Petitioner ☐ Respondent ☐ Both ☐ Other \_\_\_\_\_

**I. Background Information:**

A. Trial Date and/or other important dates: \_\_\_\_\_

B. Primary Issues: ☐ Custody/Time-sharing ☐ Asset/Debt Distribution  
☐ Child Support ☐ Spousal Support ☐ Tax or other financial issues  
☐ Other \_\_\_\_\_

C. Gross Monthly Income: *Petitioner:* \_\_\_\_\_ *Respondent:* \_\_\_\_\_

D. Interim Income & Expense Order Entered? ☐ YES ☐ NO

E. Relationship Status: ☐ Married ☐ Divorced ☐ Never Married

F. Need Interpreter? ☐ Petitioner ☐ Respondent Language: \_\_\_\_\_

G. Domestic violence or abuse concern? ☐ YES ☐ NO ☐ UNKNOWN

H. Has case also been referred to Court Clinic? ☐ YES ☐ NO ☐ UNKNOWN

I. Special considerations or requests? \_\_\_\_\_

II. **Services:** ☐ **Settlement Facilitation** (Complete Part III below)-Deadline: \_\_\_\_\_

Number of facilitator(s) requested: ☐ One ☐ Two

Preferred facilitator type (attorney, mental health, accountant): \_\_\_\_\_

Parties stipulate to \_\_\_\_\_ as facilitator(s) (optional)

**III. Settlement Facilitation Only - To be Completed by Judicial Officer:**

**A. Facilitator(s):**

- ☐ Court appoints parties' stipulated facilitator(s) listed above, *or*  
☐ Court appoints: \_\_\_\_\_, *or*  
☐ Center for Self Help and Dispute Resolution selects facilitator(s) for Court approval.

**B. Fee Assessed:**

- ☐ Flat fee of \$500.00 + tax (for a 4 hour block of time), *or*  
☐ Facilitator(s) normal hourly rate + tax, *or*  
☐ Other: \_\_\_\_\_, *or*  
☐ Pro Bono

**C. Fee Allocation:** (The Court reserves the right to reallocate fee between the parties).

- ☐ Petitioner Pays \_\_\_\_\_%, Respondent pays \_\_\_\_\_%, *or*  
☐ Petitioner Pays \$\_\_\_\_\_, Respondent pays \$\_\_\_\_\_, *or*  
☐ Other: \_\_\_\_\_

**D. DV Screen:**

- ☐ Standard Screening Protocol to be performed, *or*  
☐ No Standard Screening Protocol is necessary, *or*  
☐ Assign to DV Facilitator

**RECOMMENDED BY:**

**APPROVED BY:**

HEARING OFFICER

Date

DISTRICT COURT JUDGE

Date